

Docket: 018/206P2

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## *Facsimile Transmittal Sheet*

**Date:** January 30, 2004

**To:** Carla Myers, Ph.D., Art Unit 1634  
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Number of pages including cover: 17 (last page marked)

### **OFFICIAL FILING**

**Transmittal, Amendment and Response to Office  
Action, Petition for Extension of Time for  
USSN 08/974,584**

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**RETRANSMITTAL**

PTO/SB/21 (08-03)

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	08/974,584	
	Filing Date	November 19, 1997	
	First Named Inventor	Thomas R. Cech, et al.	
	Art Unit	1634	
	Examiner Name	Carla J. Myers	
Total Number of Pages in This Submission	15	Attorney Docket Number	018/206P2

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (12 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (in duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) (in duplicate) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	J. Michael Schiff, Registration No. 40,253
Signature	<i>[Signature]</i>
Date	January 30, 2004

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